

October 31, 1994

GREFENSON & MAXWELL, INC.  
MARK GREFENSON  
PO BOX 1864  
TWIN FALLS ID 83303

RE: GREFENSON & MAXWELL, INC. File Number C 96024

Dear Mr. Grefenson:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

You have stated that your corporation has gone out of business or is not transacting business in Idaho. The records of this office, however, do not indicate that the corporation has filed a formal dissolution.

If you wish to formally dissolve your corporation, you must comply with the requirements of Section 30-1-92, Idaho Code, by filing Articles of Dissolution in duplicate with this office along with the required statutory fee of \$30.00. The Articles of Dissolution should be filed before December 1, 1994 or an annual report filed by December 1, 1994 to avoid forfeiture.

If instead you wish to just allow the corporation to forfeit its right to do business in Idaho, then please disregard any subsequent annual report forms which you may receive and the corporation will be automatically forfeited on December 1, 1994.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

No. 95024

## Idaho Corporation Annual Report Form

2. Registered Agent and Office: NOT A P.O. BOX

Return To

Secretary of State  
Room 203, Statehouse  
Boise, ID 83720

Due No Later Than November 1, 1994

LARRY D. MAXWELL, M.D.  
570 SHOUP AVE W

1. Mailing Address — Please Correct, If Not Correct

GREFENSON & MAXWELL, INC.  
LARRY D. MAXWELL, M.D.  
PO BOX 1564

TWIN FALLS ID 83301

\*\* FINAL NOTICE \*\*  
NO FEE REQUIRED

TWIN FALLS ID 83303

3. Incorporated Under The Laws  
of ID  
NO: 95024

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZipPresident:  
Secretary:  
Directors:In Active

5. Nature of Business

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Mark F. Grefenson MD

Date

10-28-94

Title

Treasurer